

STANDARD CERTIFICATE OF DEATH

State File No.

13830

BIRTH NO.		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. <u>5187</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Gir</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Blomeyer</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellston</u> <u>4181</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>2237 Colfax Ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lois</u>		b. (Middle) <u>Adele</u>		c. (Last) <u>Harris</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 9, 1901</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Sherman, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>O. L. Dickerson</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Ledford</u>		14. NAME OF HUSBAND OR WIFE <u>Gerald W. Harris</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gerald W. Harris, Jr.</u> ADDRESS <u>Wellston, Mo. 2237 Colfax Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Small Crushed - Chest + Spine Crushed</u> ANTECEDENT CAUSES <u>Both legs + arms - multiple fractures</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8104 27</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>016</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 54</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Blomeyer Cape Cape Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 4 - 1953 9a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto hit by Frisco train</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. H. Schmitt, Coroner</u>				23b. ADDRESS <u>Jackson Mo</u>		23c. DATE SIGNED <u>5/7/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>May 5, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis, Missouri</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>May 8 - 53</u>		REGISTRAR'S SIGNATURE <u>A. H. Schmitt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff Funeral Home</u> ADDRESS <u>Chaffee, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 12 1962

MAR 3 1955

LUL 20 1960

APR 4 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Jack J. Burnett
Licensed Embalmer No. 4473

P. O. Address Chaffee, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.